**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number	Filing Date
09/771660	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		1					52						
3							53						
4		0					54						
5		1					55						
6		1					56						
7		2					57						
8		0					58						
9	1						59						
10		1					60						
11		2					61						
12		0					62						
13		1					63						
14		0					64						
15		0					65						
16		0					66						
17		0					67						
18		1					68						
19		0					69						
20		1					70						
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48							98						
49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	24						Total Depend						
Total Claims	26						Total Claims						

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